



State of New Hampshire 2004 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2004

ANNUAL REPORTS RECEIVED AFTER APRIL 15, 2004,

WILL BE ASSESSED A \$50.00 LATE FEE.

Filed

Effective Date: 03/31/2004

Business ID: 190581

William M. Gardner

Secretary of State

200409104149

MOESTOGO CORPORATION

1000 MARKET ST, PO BOX 477

PORTSMOUTH, NH 03802

ADDRESS OF PRINCIPAL OFFICE:

1000 MARKET ST, PO BOX 477

PORTSMOUTH, NH 03802

REGISTERED AGENT AND OFFICE:

THOMAS M KEANE

1000 MARKET ST PO BOX 477

PORTSMOUTH, NH 03802

ENTITY TYPE: CORPORATION

BUSINESS ID: 190581

STATE OF DOMICILE: DE

FEDERAL ID: 020464019

SANDWICH SHOP

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐ The new mailing address

☐ The new principal office address

PO Box is acceptable.

OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
(MUST LIST AT LEAST ONE OFFICER BELOW)

NAME
STREET
CITY/STATE/ZIP
NAME WILLIAM BISCHOFF
STREET LAFAYETTE RD
CITY/STATE/ZIP PORTSMOUTH, NH 03801
NAME THOMAS M KEANE
STREET PO BOX 477
CITY/STATE/ZIP PORTSMOUTH, NH 03802-0477
NAME
STREET
CITY/STATE/ZIP

BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
(MUST LIST AT LEAST ONE DIRECTOR BELOW)

NAME THOMAS M KEANE
STREET PO BOX 477
CITY/STATE/ZIP PORTSMOUTH, NH 03802-0477
NAME WILLIAM BISCHOFF
STREET LAFAYETTE RD
CITY/STATE/ZIP PORTSMOUTH, NH 03801
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

To be signed by an officer, Director, or any other person authorized by the board of directors.
I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

Please print name and title of signer:

THOMAS M. KEANE
NAME

SECRETARY
TITLE

REPORT FEE IS: \$100.00

E-MAIL ADDRESS (OPTIONAL):



WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

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